



Congressman Artur Davis
7th Congressional District of Alabama
Constituent Services Form: Agency Assistance



To open a case, please complete this Agency Assistance Questionnaire and Privacy Release Form and return it to my Birmingham office. The 1974 Privacy Act requires that you provide me with your written consent before my constituent service representatives can contact a federal agency on your behalf.

Name: _____
Address: _____
City and Zip Code: _____

Daytime phone: _____ Evening phone: _____
Fax number: _____ Email: _____
Social Security number: _____

Please provide any other tracking numbers relevant to your case, such as Veteran Case Identification number, CSA number, IRS number, INS number: _____

Federal agency you need help with: _____

Brief description of the problem (attach more pages if necessary):

I hereby request the assistance of the Office of Congressman Davis in addressing the matter described above, and authorize Congressman Davis and his staff to receive any information that they may need in order to provide this assistance.

_____/_____/_____
Signature* Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file. (Sign with a blue or red pen.)

Please print and mail original to:

Congressman Artur Davis

Attention: Agency Assistance

1728 3rd Avenue, North

Suite #400 B-2

Birmingham, AL 35203

205-254-1960 Phone • 205-254-1974 Fax

(Please attach copies of any supporting documents)